

Fall 2019

## Vital Signs, Fall 2019

Boonshoft School of Medicine

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# Vital Signs

Boonshoft  
School of Medicine  
WRIGHT STATE UNIVERSITY

## Communicable Diseases

Infectious disease experts and health care providers know the risk.

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Robert Brandt, M.D., '80, diagnosed his first HIV patient in 1983.

# From the Dean

At the Boonshoft School of Medicine, we are uniquely positioned to lead in impacting lives through education, research, and service. Our faculty and alumni serve diverse populations in complex environments, in Dayton and around the world. Together, we are unlocking new knowledge that will transform life for future generations.

And yet, in many ways, our scientists and clinicians are still fighting diseases of the past. One of the biggest challenges we face is the resurgence of communicable diseases that were once thought conquered.

There clearly has been great success in preventing and treating these diseases, as millions enjoy a better quality of life and longer lifespans. But regrettably, the advances that modern medical science has made are making people less fearful of the infectious diseases that once devastated humanity. We have come so far that the public can take for granted the gains delivered by lifesaving vaccines and medications.

In this edition of *Vital Signs*, we consider this challenge. There are many kinds of communicable diseases, from those that are sexually transmitted to those spread via droplets in the air or passed on through poor hygiene. Prevention is as simple as hand washing, or immunization, while others require advanced treatments.

You will learn about one of our charter class alumni who, in the 1980's, led the fight against HIV in Dayton. At the time, this devastating illness was running rampant. Today, AIDS is a manageable chronic condition, and preventable.

The disease still ravages third-world countries, where many of our medical students work as volunteers and learners. In countries like the Republic of Congo, they contend with shortages of medications and supplies to save lives. You will read about three of our alumni who all have had newborns named in their honor after helping Congolese mothers give birth. And just north of Africa, in the Persian Gulf nation of Qatar, we share the story of an alumna and pediatrician who aided in the launch of a world-class hospital.

I am delighted that this edition includes the story of a long-running program that takes our first-year medical students to Dayton's Kiser Elementary School, where they perform physical exams and introduce youngsters to potential careers in medicine. We also feature an alumna who was the oldest to ever graduate from our medical school, and a faculty member whose research may soon uncover novel treatments for lung cancer.

Without a doubt, we're continuing to lead the way in improving health, both in our communities and beyond. Our faculty, staff, alumni, and friends all play a role in extending how far we reach. Our successes have ignited the passions of others, and our compassion continues to touch lives everywhere.

I am grateful for the continued support of the Wright State family. We are at the forefront of the incredible advances being achieved in medicine, and none of it would be possible without our community. Thank you for your tireless dedication and heartfelt encouragement as we work together to reach the next great medical milestone.



A handwritten signature in black ink, appearing to read 'Margaret Dunn'.

**Margaret Dunn, M.D., M.B.A., FACS**  
Dean



# What's Inside



## A Closer Look

Lizbeth Bible, M.D., '02, entered medical school at age 50.



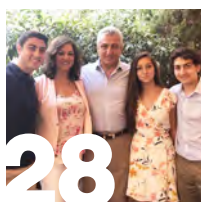
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## Assistant Vice President for Advancement

Angela Clements, C.P.A.

## Senior Writer and Editor

Daniel Kelly

## Design

Lisa Coffey

## Contributing Writers

Lisa Coffey

Daniel Kelly

## Photography

Erin Pence

Chris Snyder

## How to contact us:

Editor, *Vital Signs*

Wright State University

Boonshoft School of Medicine

3640 Col. Glenn Hwy.

Dayton, Ohio 45435

**Tel:** 937.245.7634

**Fax:** 937.245.7949

som\_mc@wright.edu

medicine.wright.edu

## To submit Class Notes:

som\_adv@wright.edu

**Tel:** 937.245.7634

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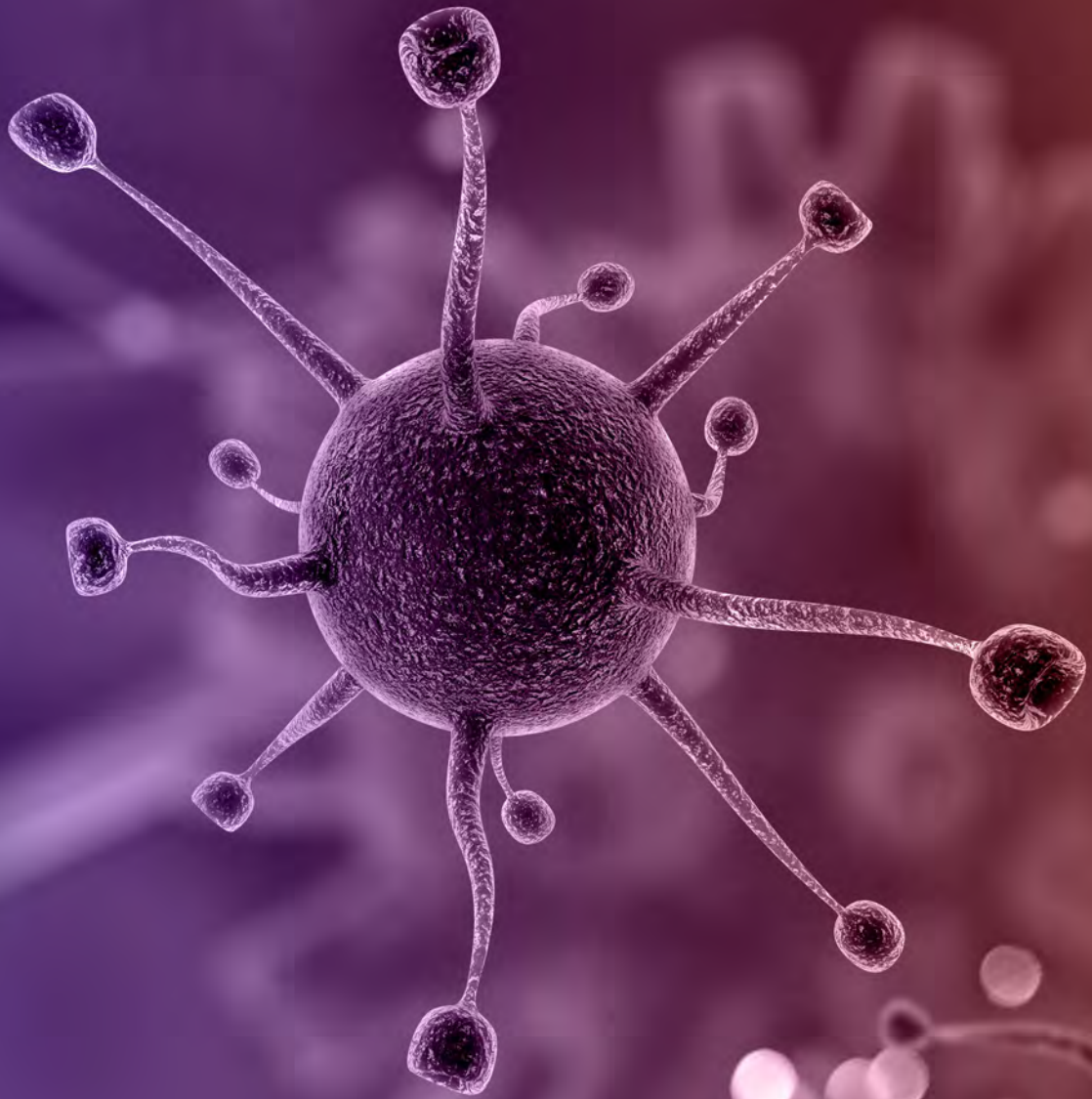
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Issues In Depth



# Communicable Diseases



It may be hard to tell by the looks of them, but your hands are teeming with microbial life. And each one of those little bugs could give you a communicable disease, from something as common as the flu to something like a methicillin-resistant staph infection. Of course, the best way to prevent getting sick is to wash your hands. Yet many people are lax about it.

The lack of appreciation for something so simple as good hand hygiene is a suitable parallel for the general state of managing communicable diseases in the United States. The dangers are right in front of us, but most of us are blissfully unaware. That's in part because most people aren't experts on communicable diseases, and also because public health education campaigns can only do so much.

Of course, infectious disease experts and other health care providers on the front lines of fighting communicable diseases know the dangers. But there are still incredible challenges to be faced.

"Communicable diseases have a lot of variability, which is why they have the ability to impact every single human being," said Steven Burdette, M.D., '00, professor of internal medicine and director of the infectious disease program at the Wright State

University Boonshoft School of Medicine.

## Antibiotic resistance

Burdette believes that the management of communicable diseases is getting worse in the United States, and he has

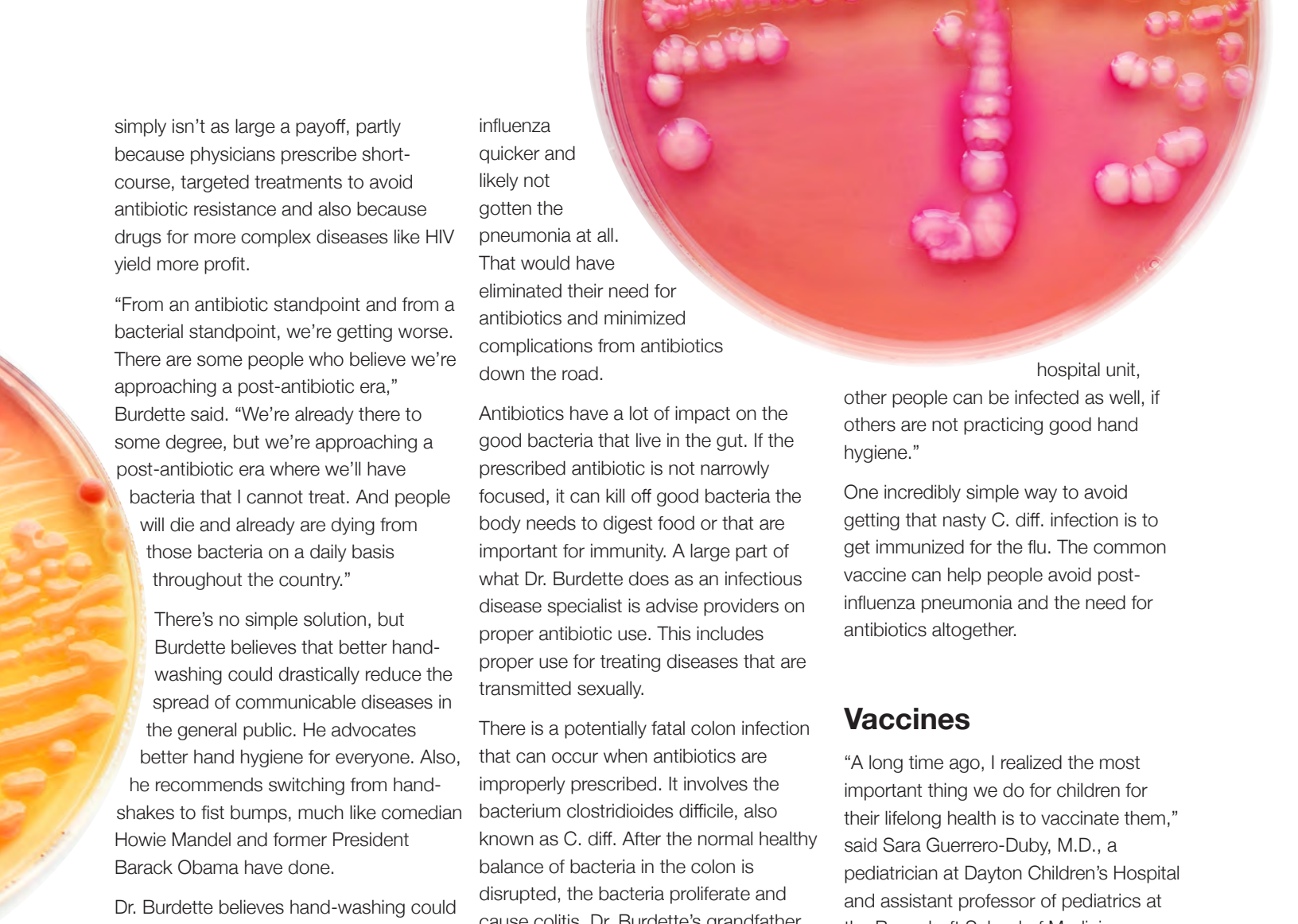
good reason to think that. Dr. Burdette frequently sees bacteria for which he doesn't have a single antibiotic that will work for treatment. There also is the issue that pharmaceutical companies aren't developing treatments for some of the mutating bacteria out there.



Steven Burdette, M.D., '00

The reason for that is that it is hard for drug makers to rationalize putting the time and energy into developing new drugs if there is a chance they won't recoup their costs. With antibiotics, there





simply isn't as large a payoff, partly because physicians prescribe short-course, targeted treatments to avoid antibiotic resistance and also because drugs for more complex diseases like HIV yield more profit.

"From an antibiotic standpoint and from a bacterial standpoint, we're getting worse. There are some people who believe we're approaching a post-antibiotic era," Burdette said. "We're already there to some degree, but we're approaching a post-antibiotic era where we'll have bacteria that I cannot treat. And people will die and already are dying from those bacteria on a daily basis throughout the country."

There's no simple solution, but Burdette believes that better hand-washing could drastically reduce the spread of communicable diseases in the general public. He advocates better hand hygiene for everyone. Also, he recommends switching from hand-shakes to fist bumps, much like comedian Howie Mandel and former President Barack Obama have done.

Dr. Burdette believes hand-washing could play a dominant role in stopping the spread of communicable or infectious diseases. But he also knows that vaccines play a vital role as well. As an example, he points to post-influenza pneumonia. The

influenza quicker and likely not gotten the pneumonia at all. That would have eliminated their need for antibiotics and minimized complications from antibiotics down the road.

Antibiotics have a lot of impact on the good bacteria that live in the gut. If the prescribed antibiotic is not narrowly focused, it can kill off good bacteria the body needs to digest food or that are important for immunity. A large part of what Dr. Burdette does as an infectious disease specialist is advise providers on proper antibiotic use. This includes proper use for treating diseases that are transmitted sexually.

There is a potentially fatal colon infection that can occur when antibiotics are improperly prescribed. It involves the bacterium *clostridioides difficile*, also known as C. diff. After the normal healthy balance of bacteria in the colon is disrupted, the bacteria proliferate and cause colitis. Dr. Burdette's grandfather passed away because of C. diff. And, of those who get the infection, 25 percent will get it a second time. If they get it again, there is a 35 percent chance they will get it a third time.

*The lack of appreciation for something so simple as good hand hygiene is a good parallel for the general state of managing communicable diseases in the United States. The dangers are right in front of us, but most of us are blissfully unaware.*

lung infection is contracted after someone's immune system is weakened due to the flu, and often requires treatment with antibiotics. If the person had just gotten their flu shot, they could have beaten

"That's such a bad infection that if one person in the family gets it, they can give it to other people in the family," Burdette said. "In the hospitals, we worry about it because if you have a case of it in a

hospital unit, other people can be infected as well, if others are not practicing good hand hygiene."

One incredibly simple way to avoid getting that nasty C. diff. infection is to get immunized for the flu. The common vaccine can help people avoid post-influenza pneumonia and the need for antibiotics altogether.

## Vaccines

"A long time ago, I realized the most important thing we do for children for their lifelong health is to vaccinate them," said Sara Guerrero-Duby, M.D., a pediatrician at Dayton Children's Hospital and assistant professor of pediatrics at the Boonshoft School of Medicine.

Like Burdette, she is aware of the challenges that health care providers face in treating communicable diseases in the U.S. Much of her personal efforts to furthering the fight have gone into making sure her pediatric patients get vaccinated.

Dr. Guerrero-Duby recently was honored with a 2019 Childhood Immunization Champion Award from the Centers for Disease Control and Prevention for her efforts to promote childhood immunizations. Only one person per state receives the award. No matter where she has worked or lived, including time as an Air Force physician, Dr. Guerrero-Duby pushes herself and others to take advantage of opportunities to vaccinate children—she knows how big a difference it can make.

"I was always kind of the vaccine queen

in the office and was always pushing the missed opportunities. You don't want to miss a chance to give a child a vaccine just because it wasn't a scheduled well-check," Guerrero-Duby said. "If they were behind, we vaccinated them, and the other doctors at work have become influenced by this passion. This award was just the nice, little icing on the cake for a lifelong emphasis on vaccinating children. I was very proud to get this."

She encourages patients to consider vaccinations throughout their stages in life. She recommends different ones depending on their age, surroundings, or daily activities. She tailors recommendations to their needs the best that she can.

Guerrero-Duby advocates that adults get the flu vaccine. For grandparents who are around newborns without immunity to whooping cough, she recommends Tdap boosters. That shot covers tetanus, diphtheria, and pertussis. For other adults who may have missed the window to get the human papillomavirus (HPV) vaccine, Dr. Guerrero-Duby is recommending it for those up to the age of 45.

For others, such as the one for measles, mumps, and rubella (MMR), she believes it is very important for children. The MMR vaccine has gained prominence again in Ohio, as the first measles case in 2019 was identified near Canton, Ohio. Another significant vaccine is for pneumonia.

"When it comes to vaccines, which one of them is more important to get? All of them are important to me," Guerrero-Duby said.

Whooping cough has raised its head

*Education is a big component to solving the issue. Education comes through physicians and other health care providers. It also can come through schools, public service announcements, social media, and word of mouth.*

around Cincinnati. That is due in part because the vaccine's protection waxes and wanes over the years. Hepatitis A, which has been found in contaminated food and salad packaging, also has made a resurgence. Potentially, it is because a lot of people don't worry about getting the Hepatitis A vaccine. It's not mandatory for school, and many parents don't have their children vaccinated.

Some of the blame also may lie with vaccines themselves, as they have been so successful at eradicating sickness that many people don't see them as necessary. "People have lost their knowledge about diseases. So vaccinating against them is less important.

They don't remember the historical impacts that their grandparents saw, who probably made sure they were vaccinated," Guerrero-Duby said. "Lack of vaccination is probably a bigger issue of why you see a resurgence in any disease that is vaccine-preventable, rather than the germ itself has mutated."

With a lack in vaccination, there is

elevated risk for members of a community. That is because the community as a whole has a "herd immunity" that is strengthened or weakened depending on the numbers in its ranks who are vaccinated.

Education is a big component to solving the issue. Dr. Guerrero-Duby says that education comes through physicians and other health care providers. It also can come through schools, public service announcements, social media, and word of mouth.

Friends and family are influential in spreading knowledge about vaccines. For example, parents can tell other parents that they aren't comfortable letting their kids play with others who have not been vaccinated.

Legislation also plays a role, as it requires vaccinations for young children.

"People may say that's the law stepping on their right. Forever, since they've had vaccinations in schools in this country, we've required that kids be vaccinated. So I don't think it's a new importance to have children for school entry and daycare entry to be required to have vaccines," Guerrero-Duby said. "I think having laws that encourage children to be vaccinated, unless they have a medical exemption, is appropriate."

"The best thing we can do is prevent infection when it's possible," Burdette said.



Sara Guerrero-Duby, M.D.



— Daniel Kelly



## Kim Gilliam, Ed.D., helps medical students find resilience



Before joining the staff at the Wright State University Boonshoft School of Medicine, Kim Gilliam, Ed.D., worked for 15 years in the university's Career Center. She helped to guide undergraduate and graduate students at the university to choose careers that fulfilled their passions. But she knew she could better utilize her skills in counseling and higher education by coming to work at a professional school, and came to the medical school in December 2015.

Gilliam is an alumna of Wright State University, holding a Bachelor of Arts in Psychology, Master of Science in Business and Industrial Management Counseling, and a Master of Science in Community Counseling. She earned a Doctor of Education from the University of Cincinnati.

"I hope that my work impacts medical students by teaching them self-preservation skills that can be practiced throughout their entire lives," Gilliam said. "Students will say to me, 'I thought of you the other day when I was getting overwhelmed and I told myself to stop and breathe.'"

Gilliam oversees a myriad of student services, including financial aid, clinical scheduling, and tracking immunizations, among others. She also serves as the ombudsperson for the Boonshoft School of Medicine, serving as an impartial party for students to report mistreatment or areas of conflict.

Gilliam teaches in the Professional Skills dimension of Clinical Medicine in the medical school's WrightCurriculum. She covers topics such as leadership in the exam room, giving and receiving feedback, burnout and suicide awareness, and awareness of Myers-Briggs personality types.

Another important aspect of her job is developing and implementing the Pearls of Wisdom Equal Resilience (POW=RE) program. It is designed to increase general medical student wellness and mitigate or prevent anxiety, depression and burnout. About 60 students complete the Medical Student Resilience Training certificate each year.

In addition to her full-time position at the Boonshoft School of Medicine, Gilliam teaches as an adjunct professor in educational leadership and human services at Wright State. She has taught graduate counseling courses at the University of Dayton, and Gilliam

also consults on team building and development in corporate settings.

"I don't really think about balancing it

all. It doesn't seem like work to me," Gilliam said. "I thoroughly enjoy teaching students. Knowing I am training other professionals to help is my 'why' in life."

She frequently gives advice to medical students to help them along the way. The most common piece of advice is to take things one at a time. Many of the things we fear or worry about, she notes, are things in the past or events we think are going to happen. "It is important to have goals, but focusing on the here and now allows you to pay attention to the process – the 'how' you

*"It is important to have goals, but focusing on the here and now allows you to pay attention to the process – the 'how' you are going to reach the goal."*

you are going to reach the goal," Gilliam said.

Another piece of advice that Gilliam gives to medical students is to not compare their accomplishments with those of others. She tells them to be happy with their decisions and efforts, and to celebrate what they achieve—it is important to find those things that make you happy.

"I try to teach students to know their 'why.' They know their 'what,' and that's being a medical student," Gilliam said. "It is staying connected to their 'why' that will give them the motivation they may need in difficult times to push forward."

When she isn't helping to guide medical students toward better resilience, Gilliam enjoys reading. Her

favorite textbook is *Resilience: Mastering Life's Challenges*, which is used in her teaching. For fun, she enjoys learning about human behavior. Profiling books from the Federal Bureau of Investigation have made it to her reading list.

"I enjoy running with coworkers. We are running the Gauntlet 5K with military-inspired obstacles," Gilliam said. "And, of course, we will be running in the Air Force Marathon — only the 10K though."

— Daniel Kelly



Student group, *Running for Resilience*, is a program Gilliam oversees.

# A Closer Look

## Lizbeth Bible, M.D., '02, entered medical school at 50 years old



*Photo courtesy of Premier Health*

Lizbeth Bible, M.D., '02, always wanted to be a doctor. Even back when she was a young child, it was all she ever dreamt of doing. But the spirit of the times wasn't on her side.

"When I was growing up, men were doctors. Women were nurses or teachers. And they did not work outside the home," Bible said. "So once a woman married, she stayed at home. Her job was to raise children, keep the home, and put dinner on the table when the husband came in from work."

Her desire to become a physician wasn't something that she shared with others out loud. And keeping with the times, she fell in love and got married at 18. For decades, however, she worked for local physicians because she wanted to learn about medicine. Even after her husband returned from the Vietnam War, Dr. Bible worked for local physicians while he finished undergraduate and graduate school.

Together, they adopted four children, each just a few days old. She believes that was part of God's plan for her life.

"I think the meaning for my life was, 'Here are four children I want you to raise and then, when it is time, you will enter medical school,'" Bible said. "That's the way I've looked at it. And now, I'm 71. I look back on my life, and it's like it had to be this way."

At the age of 46, Bible enrolled at the University of Cincinnati to major in pre-medical studies. She didn't quite know what to expect, but she didn't like living with regret. Bible needed to know if she could become a doctor. She finished as the top student in her graduating class, and then took the Medical College Admission Test (MCAT).

"I took the MCAT because I don't like the



words, 'if only.' Yes, I was 50 and I thought that medical school was not in the realm of possibilities, but I wondered," Bible said. "I never opened my scores, but they were mailed to me and I just put them in a drawer."

Dr. Bible's husband had told her only to apply to medical schools near where they lived in Cincinnati. She sent applications to the University of Cincinnati and Wright State University.

At her alma mater, Dr. Bible was anticipating an interview. But after the application deadline had passed with no word, she was left wondering. One of her science professors decided to make a phone call and see what was going on. After all, Dr. Bible was his top graduating student.

"The next day, when I came out of one of my classes, there were two men in suits and ties asking if they could talk to me. They said they were from the School of

Medicine at the University of Cincinnati. They wouldn't tell me their names,"

Bible said. "They said, 'What we're

telling you, you did not hear from us. We thought it was important that you know. It's not something that you failed to do. But when your name came up, the statement was made that it simply will not be allowed.'"

She thanked them for letting her know and assumed that she wouldn't get accepted to either of the medical schools. Dr. Bible assumed that no school would accept her due to her age. Accepting her would mean rejecting another applicant who could graduate as a doctor younger and practice longer.

It was shortly after that time that she got a call from Wright State University to offer an interview. Back in the days before caller identification had become

commonplace, Dr. Bible assumed that it was a prank call.

"She said, 'The purpose of this call is to extend an invitation to you to interview.' And I didn't know anybody who used the phrase, 'extend an invitation to you,'" Bible said. "And that's when it hit me.

This must really be the school of medicine. So God put me at Wright State where I was supposed to be."

Dr. Bible remembers the ages of incoming medical students varied from 19 to 31, and it felt odd being the oldest at first. She was likely the oldest medical student in the nation. But it soon became apparent that everyone was in the same boat. They were entering medical school and were all at the same level of learning.

"I remember, in anatomy class, the first time I held the human heart in my hand. I couldn't believe I was really in medical school and seeing and learning the things that I was learning," Bible said.

"There were times I thought somebody was going to come up and tap me on the

shoulder and say, 'Wait a minute. There's another student with your name that should've been here. Not you.' But it was happening. I made it."

Her husband was not pleased that she had been accepted to medical school and left the night before she took her Step 1 board exams. Her mother even pressured Bible to leave medical school and focus on saving the marriage.

It was a tough time, but Dr. Bible decided to stay in school, in part because of a verse a friend had given her. It was from the Book of Isaiah, and Dr. Bible carried it with her everywhere. "It reads, 'But they that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk, and not

faint,'" she said.

At her medical school graduation, Dr. Bible's daughter let her carry her grandson on the stage. She enjoyed seeing all the generations of her family. Dr. Bible also made sure to have her maiden name put on her diploma.

Throughout medical school, Dr. Bible considered many specialties. Despite exposure to all sorts of specialties through her rotations, she knew she would wind up practicing in family medicine. In 2005, she opened a private practice in Dayton, Ohio.

"If anybody told me when I was 46 starting at University of Cincinnati that I would be in school for the next 11 years, I think I'd have gotten in the car and driven off real fast. I didn't expect it to happen," Bible said. "Wright State gave me the opportunity I don't know that any other school of medicine would have. I will always be indebted to the people on that admissions committee, and I hope that I have been the type of person, the type of physician, who has reflected on medicine in a positive way."

— Daniel Kelly

*She got a call from Wright State University to offer an interview. Dr. Bible assumed that it was a prank call.*

# Giving Thanks



## Dee Wilcox gives 28 years of service to medical school

In 1991, Dee Wilcox began working at what was then the Wright State University School of Medicine. At the time, the medical school was still located in the Medical Sciences Building and her work involved helping to manage research labs. It seemed like a perfect fit for Dee, who had worked as a veterinary technician for the Montgomery County Animal Shelter before coming to Wright State. Her position allowed her to keep in touch with the technical interests that had made her so good at helping animals at the shelter, primarily dogs.

But she eventually developed allergies to substances in the lab and transferred to the Office of Student Affairs and Admissions in April of 1997. It was an abrupt change for her, as she preferred working with animals over working with people.

“The first two weeks that I started at Student Affairs and Admissions, I came home and I cried every day. I did not want to work with people. I loved my animals,” Dee said. “After that two weeks, the students embraced me and, next thing you know, I’m a people lover. I’m hugging students. It’s like, ‘Oh my gosh, the students are pretty cool. I like them.’ And then it

went from I like them to I love them. They became my students.”

Over the years before her retirement, Dee’s love for students shone through as she helped to shepherd countless students through their time in medical school. She left a lasting impact because of the care and consideration that she gave them. Many of those who graduated came back to visit her, and many others fondly remembered how she had been there for them.

Because of this legacy, Gary LeRoy, M.D., ’88, associate dean of Student Affairs and Admissions and associate professor of family medicine, has set up a scholarship fund in Dee’s honor.

“Many of our current students and alumni refer to her as ‘Mama Dee’ because she was their go-to person when they needed student services triage, words of encouragement, or some tough love to get them through tough times,” LeRoy said. “After her many years of exceptional service, we could not allow her to retire without creating a scholarship in her name as tangible evidence of the legacy she left behind during her career at the Boonshoft School of Medicine.”

Dee was incredibly surprised to have a scholarship started in her name.

“It blew me away. That is definitely a huge, huge honor. I am not a college grad, so to see these young people with their dreams and they’re following through,” Dee said. “I wanted to be a veterinarian, but I didn’t follow through. I’m inspired to see these young folks follow through. To have a scholarship in my honor—when I found out, I cried. It kind of takes a lot to make me cry.”

Dr. LeRoy routinely met medical school alumni at conferences around the United States who remembered Dee. No matter where he went, someone always asked about her. There was

even a conference in Hawaii whose attendees asked about Mama Dee.

The class of 1999 was at the end of its first year when Dee started working in Student Affairs. She remembers how the students embraced her. Dee also was close with the class of 2000, which she saw all the way from matriculation through graduation.

Once Dee had gotten more used to working with students, she got over missing working with animals. She realized that there was something special about the medical students at Wright State University.

"My experience with people has always been that they can be very judgmental, whereas animals love you unconditionally," Dee said. "And to come there, to that school, and have the class of 1999 embrace me the way they did. And then to have the class of 2000 embrace me the way they did, and then every class thereafter. People are all right—maybe I was just around the wrong people."

Dee truly admired the collaborative spirit of the medical school, and how the students help one another to succeed. Instead of a cutthroat atmosphere full of arbitrary competition like at many other schools, the students at the Boonshoft School of Medicine are quick to come to each other's aid. She noted that, from day one, medical students here are entering the field of medicine with brains and compassion.

Over the years, Dee answered questions about making copies, finding study materials, or locating a good place to buy groceries. She helped students who were stressed out from taking exams.

"The front office would get loud. They would just want to come in and blow off some steam. We're not talking about anything in particular. We're just up there laughing, talking, having a good time," Dee said. "Sometimes they just needed somebody to talk to and they didn't feel like they did well and they're in tears. And I would have to remind them of the big picture."

There were times that she would call students to see if they needed her to pick things up, or get their books. Dee supported the students in countless ways, from just listening to sharing advice they sometimes didn't want to hear.

"I love you enough to have your back when you need me to have your back. And I love you enough to pull you out in the

hallway and give you a nice tongue-lashing, if that's what you need," Dee said. "When they're not happy with me, I typically respond by telling them, 'Write your congressman. This is what you need to do.' There's a little bit of tough love in there."

Though some of the students didn't enjoy getting set straight at the time, many came back to thank Dee for saying what they needed to hear. One alumna has a spare key to her house. "Quite a few of our grads would come in. They were in town and decided to stop by," Dee said. "I was able to give them a tour of the building and go down memory lane. I've even taken them back into the lab because our lab is absolutely gorgeous compared to what they had."

*No matter where he went, someone always asked about her. There was even a conference in Hawaii whose attendees asked about Mama Dee.*

The pace of technological advancement over the years was interesting to see for Dee, who saw that the medical school always was ahead of its time. It was true when she started, as the school was one of the first to have dedicated information technology staff. Since then, the technology prowess has grown by leaps and bounds.

It's just one example of the changes Dee witnessed over her 28-year career at the medical school. For example, internet use was not common for testing in the nineties. She remembers when medical students still took their boards in the auditorium in the Medical Sciences Building.

There are programs that have come and gone, and her old coworkers who have long since retired. The school of medicine was renamed during her career, and Dee witnessed all its incredible growth. She was around when it moved into White Hall.

Dee has found change again in getting used to retirement. "I miss the students. I really do. I've gotten a couple of emails from the students," she said. "I enjoy retirement, but I miss them."

To donate to the scholarship fund started in Dee's honor, visit [wright.edu/give/wilcoxschl](http://wright.edu/give/wilcoxschl) or contact Angela Clements, assistant vice president for advancement, at [angela.clements@wright.edu](mailto:angela.clements@wright.edu) or 937.245.7627.

— Daniel Kelly



# A Closer Look



## First-year medical students practice clinical skills at Kiser Elementary

For over two decades, first-year students at the Wright State University Boonshoft School of Medicine have visited with students in Dayton Public Schools (DPS). Medical students who go are taking introductory courses to clinical medicine and the experience is one of their first working with children. Up to that point,

they have only learned physical exam skills in adults via simulations or peer-to-peer exercises.

"They hear presentations on unique aspects of examining infants and children and have watched demos on real patients in front of the class. However, this opportunity cannot be duplicated in

the classroom," said Gregory Toussaint, M.D., associate professor of pediatrics and assistant dean for clinical skills education. "It is their chance to now use those skills and attempt to examine a live, mobile, variably cooperative, child-sized human under the direct supervision of family medicine and pediatric department faculty."

At different times in the past, medical students have gone to other schools within the public school system, but most have gone through the program at Kiser Elementary. It was started under the direction of Bruce Binder, M.D., Ph.D., chair and associate professor of family medicine, and Katherine Cauley, Ph.D., professor emerita of pediatrics. Dr. Toussaint is the director of the Skills Assessment and Training Center who oversees the program.

Every year, for two Fridays in May, medical students visit the youngsters at Kiser Elementary. They put into practice what they have learned in class, performing physical examinations, ear and dental checks, and knee reflex tests, among other things. They put on their white coats and carry themselves professionally because the children look up to them.

"Everyone who has ever participated says what a fun time it is," said James Fowler, principal at Kiser Elementary until retiring in June 2019. "It's a fun time for the kids, too, because it gives them a chance to look at a possible future career and a chance to see positive role models, both male and female, of all different types of colors."

For the medical students, interacting with a diverse student population is a big benefit. Fowler also taught them many of the perceptions they had about inner-city schools simply aren't true.

"One of the other things I ask them when they come here is, 'Tell me some things, myths you've heard, about urban education.' They say it lacks resources; kids are rowdy, no parental support,"

Fowler said. "I tell them those are all myths. It changes some mindsets by having that conversation."

"They see a well-run DPS school with an incredibly diverse student population. Principal Fowler and his staff talk about the school and its students, including social determinants of health the BSOM students have learned about in class," Toussaint said. "Then the medical students walk into the cafeteria and get to interact with those children they've just heard about."

Fowler also told medical students about the importance of relationships. No matter the profession you're in, he taught them to always work on relationships and the importance of working with people. "That's the foundation for having success in anything," Fowler said.

"Principal Fowler has made a lasting impression on all of us for his caring, compassion, and dedication to all the students at Kiser and for his commitment to this unique

partnership with the Boonshoft School of Medicine," said Melanie Miller, coordinator in the Office of Medical Education.

Miller and others keep the program running each year. She helps with setting things up and making sure activities go smoothly, even though the days at Kiser Elementary are sometimes described as

"controlled chaos of fun, excitement, and learning." Between medical students, Kiser Elementary students, physician preceptors, and the incredibly helpful teachers and staff at the elementary school, as many as 114 people are together at the same time in the cafeteria

area each of the Fridays.

The children at Kiser Elementary get to interact with what, to them, are real doctors. They are exposed to a career in medicine early on, and can potentially begin to see themselves treating patients one day.

"For the children at Kiser, this is an opportunity to interact, be examined, and generally get to play doctor themselves, all in a non-threatening environment," Toussaint said. "It's a longer interaction than what they typically get when in an actual clinical setting, and there are no needles, uncomfortable exams, microbiological cultures, etc. It's just a fun time for both sides of the equation."

Sometimes the medical students actually find ailments that need attention, such as lice, fluid in the ears, dental cavities, or rashes. Faculty preceptors confirm the findings and those children are referred to the school nurse, who shares the information with parents.



James Fowler interacts with a Kiser student during the event.

few of them want to go into pediatrics," Fowler said. "I always tell them that they need to think about pediatrics too, and maybe working with these kids will help steer them in that direction."

For Fowler, who was involved in the program since 2008, it's clear that the medical students get just as much out of the program as the elementary students. They get to interact with the children and learn about urban schools. The experience helps to connect them with the experience of treating real patients instead of dummies and simulations.

Children have always been inspiring to Fowler, who knew he wanted to work in education ever since his days in high

*There are no needles, uncomfortable exams, microbiological cultures. It's just a fun time for both sides of the equation.*

Medical students commonly say that the experience they have at Kiser Elementary is one of their favorites. For many, it helps them to see the field of pediatrics as a new possibility.

"One of the things that I ask them is, 'How many of you guys are going to be pediatricians?' And typically, very

school and even throughout his career as a missile operator in the U.S. Air Force.

"As an adult, the problem is that we forget what it feels like to be a child. And some days, you just need to be a child. You know what you can and can't do. But children have fun. And children, if you look at them, they don't care what color you are, they just want to play," Fowler said. "They can be mad at you today and forget about it tomorrow. They're the best of friends tomorrow. That's the lesson you learn from them."

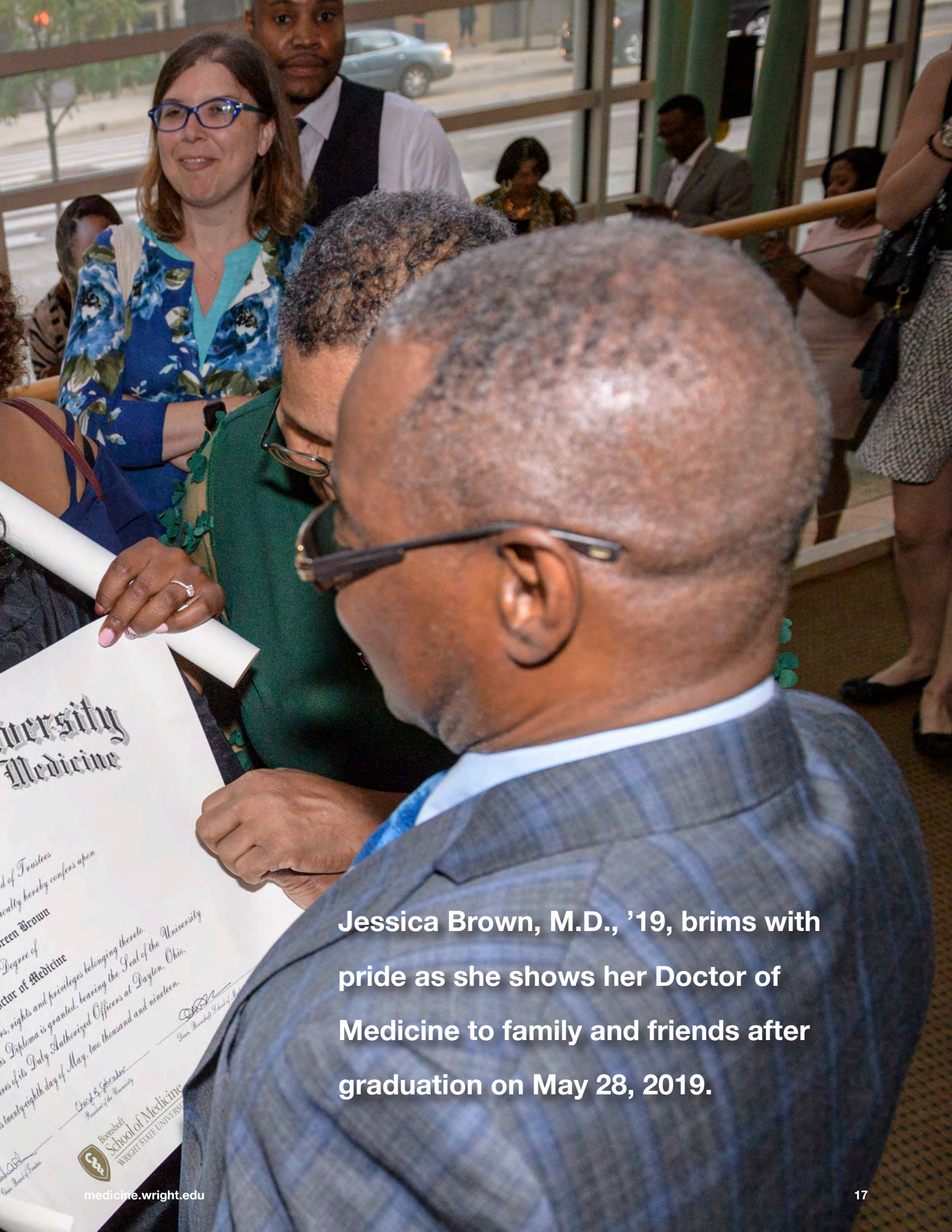
— Daniel Kelly



# 1,000 Words







**Jessica Brown, M.D., '19, brims with pride as she shows her Doctor of Medicine to family and friends after graduation on May 28, 2019.**



# A Closer Look

## Robert Brandt, M.D., '80, worked on the frontlines to fight HIV

Robert L. Brandt, Jr., M.D., is a member of the 1980 charter class of Wright State University School of Medicine. Brandt turned down an acceptance to The Ohio State University College of Medicine to enter the charter class at Wright State in 1976.

"I was living in the dorm during my master's degree work. I saw the medical school building going up outside my window. I told myself this is where I want to go," Brandt said.

He thought being in a small class of 32 would give him a good learning experience. Besides, not moving to Columbus saved him from having to develop a whole new support system of friends and community. His thoughts proved themselves true.

"My four years of medical school were some of the best I can remember," Brandt said.

At his graduation, Brandt was selected by his classmates to receive the Outstanding Student Award that exemplified a student who most fit the school's mission of going into primary care with a dedication toward community service. At the time, he had no idea what his future role was to involve.

Earlier in medical school, Brandt had the good fortune of being paired with a family practice physician, Dr. Richard Falls, in Xenia, Ohio. Dr. Falls became a role model for Brandt. Later, Dr. Falls became the medical director of the family practice residency in Yellow Springs, Ohio. "It was just a 'no-brainer' for me to complete my residency training there," Brandt said. It was during that time that Brandt found his niche in the world of medical care.

When Brandt first began learning about HIV/AIDS, most of his education came from newspapers. The disease was so new at the time that he hadn't learned anything about it in medical school. It was both fascinating and terrifying to learn about HIV.

He remembers the first patient he diagnosed was in 1983. At that time, without an actual HIV screening test, the diagnosis process included three major criteria. Those diagnosed with HIV, or in those days HTLV-III, had to be one of the populations most



at risk of getting it, and gay males were at the top of the list. The other criteria included having an "opportunistic infection" and demonstrating that the individual's immune system was depressed.

Dr. Brandt recalls that the disease was called "gay cancer" or "gay pneumonia" by the mainstream media and general population. Initially, the official terminology included the term known as Gay-related Immune Deficiency, or GRID. It had not yet been named Acquired Immunodeficiency Syndrome, AIDS. Though the term "GRID" sounds derogatory today, Brandt found that it communicated directly to many of the at-risk populations, including IV users, hemophiliacs, and bisexual people, and prompted them to get checked. In 1985, widespread testing and screening could be done by an FDA-approved HIV blood test.

"A lot of people were scared," Brandt said. "And because of their sexual practices, they would not bring that out to a doctor unless they knew the doctor was comfortable with things."

As a gay man, Dr. Brandt understood where his patient population was coming from. HIV was a very scary thing since so little was known about it. In addition, many primary care physicians were often unwilling to treat anyone diagnosed with the disease. Patients weren't getting basic care, and often their psychosocial needs weren't being met.

After several years of volunteering to see HIV patients at Miami Valley Hospital's Infectious Diseases Clinic, Dr. Brandt established an office called Health Care Interventions, a joint venture with Miami Valley Hospital and Fidelity Home Health Care, in 1990. He previously had worked as a private solo practitioner in Xenia, Ohio, after graduating from residency in 1983.

He made the move because he wanted to more adequately address the population's lack of health care options. The leaders at Miami Valley Hospital agreed to give him all the resources he needed if he would agree to work out of the Dayton Free Clinic on Salem Avenue.

His office was staffed specifically to help meet the needs of HIV patients and those at risk of infection. It had an on-staff social worker and nutritionist. Dr. Brandt also made sure his patients had access to dental services via the dental residency program at Miami Valley Hospital. The sign outside was outfitted with rainbow colors, and promotion through local papers and gay community

resource guides contained language that would let patients know his office would welcome them.

"I started treating patients the best I could," Brandt said. "The darkest years were actually from 1985 to 1995, because triple-drug therapy didn't come into vogue until 1996."

Before 1996, all physicians could really do was manage the opportunistic infections that came with the last stage of HIV disease called AIDS. The single-drug therapies of the earlier days bought patients a little extra life, anywhere from six months to a year. But the therapies weren't enough to suppress the virus, and it would always mutate and learn how to survive and continue its devastation on the patient's immune system.

After single-drug therapy, physicians realized that two of the drugs together could have a bigger impact. Finally, when protease inhibitors came out, health care providers realized that they could combine three medications into a "drug cocktail" that would effectively suppress the virus. This allowed the patient's immune system to recover.

After three years on Salem Avenue, Brandt's office moved its location to East Stewart Street. Later, in 1996, he was one of the first few family practice physicians to become an HIV subspecialist through the American Academy of HIV Medicine.

Throughout the years, he extended and improved the quality of life for patients with HIV. He helped them to suffer less and to enjoy the time they had. He personally saw how treating HIV went from impossible to manageable. Dr. Brandt made a difference.

"Back in the early days, my goal for treatment was to keep people out of the hospital, keep them comfortable, and try to improve their quality of life; basically holding their hand until they died. I used to go to plenty of funerals back then. I spent a lot of time in hospice," Brandt said. "Now, with triple drug therapy all in one tablet, it's more like treating a chronic illness, like blood pressure issues or diabetes. In many ways, I think it's easier to treat HIV than diabetes. HIV infection is classified now as a chronic illness."

There also is a treatment available today that can prevent those at risk for HIV from contracting it. Called pre-exposure prophylaxis, or PrEP, the treatment can effectively reduce the risk of contracting HIV by 99 percent when taken daily. Brandt believes that PrEP and the successes of triple-drug therapy have worked so well that many in the gay community, especially younger people, don't take the risk of getting the disease as seriously as they should. In many ways, HIV has lost its "scariness."

As time went on and Dr. Brandt's patient population grew (people weren't expiring like earlier), he found he could no longer manage patient care as a solo practitioner. Efforts to find a group practice setting where he could maintain his HIV patients were difficult.

"I looked at various places and then this lightbulb went off in my head — why not come back to Wright State and the School of Medicine. I went to the family practice department and I told them that I had 450 AIDS patients who would follow me anywhere I go," Brandt said. "I thought it would be a good idea to have medical students learn HIV care in a primary care setting. The family practice department agreed. I also had my own internalized goal, which was to try to get more primary care doctors involved with HIV treatment."

Since 2009, Brandt continued to treat patients while serving as a practicing clinician member in the Department of Family Medicine at the Wright State University Boonshoft School of Medicine until his retirement in December 2017. Dr. Brandt helped teach medical students how to care for those with HIV, and also shared his special knowledge with the other physicians within the office.

In his "retirement," Dr. Brandt still serves as an advisor for Boonshoft PRIDE, a medical student group. In conjunction with a group called Rainbow Elder Care, Dr. Brandt is assisting with a history project documenting lives of those in the Dayton LGBTQA community.

Dr. Brandt is involved with The Contemporary Dayton Visual Arts Center as a board member, since 2013. He also currently serves on the Dayton Gay Center's board. Some of his duties include staffing the organization's first aid tent during the annual gay pride celebration and serving as an educational resource on HIV disease.

"Because of the way this virus works on your immune system, science is learning tons of new information about how your immune system works and how your immune system responds. Studying HIV has helped people in the genetic field, and with creating different immunizations, but it also remains a challenge because we have not developed a cure for it," Brandt said. "We need to do more. We always need to do more about prevention. You can prevent getting this disease, and it has a lot to do with lifestyle changes."

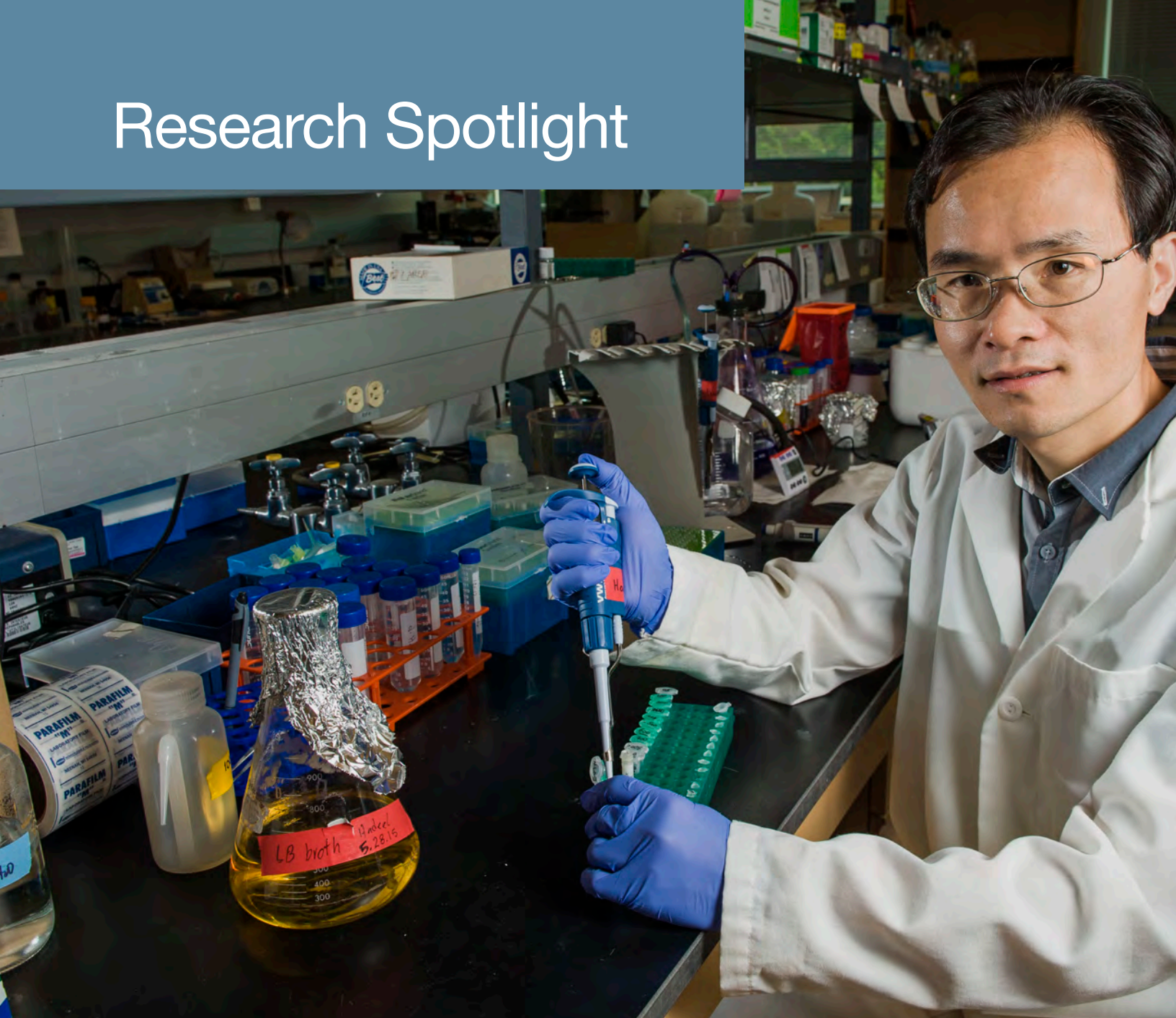
Dr. Brandt is still available to help with the transition of care of his former patients, and commonly consults with doctors in the area who need his expertise. Making sure his patients are always well treated has always been his passion.

"I remember growing up, the gay issue was always in the background. I didn't feel it was appropriate or safe to come out or share feelings," Brandt said. "You put yourself in a certain category. 'Coming out' during medical school and residency was a long transition and a great learning experience. So, when I became able to treat patients on my own, I had a special affinity obviously for the people who were being discriminated against."

— Daniel Kelly



# Research Spotlight



## Researchers uncovering protein's role in lung cancer growth



The American Cancer Society estimates that 142,670 people will die from lung cancer in the United States in 2019. The disease is the second-most common cancer in both men and women. It is the leading cause of cancer death, as more

people die from lung cancer each year than colon, breast, and prostate cancers combined.

Researchers in the Department of Biochemistry and Molecular Biology at the Wright State University Boonshoft



Weiwen Long, Ph.D.

School of Medicine are trying to make a difference in those figures. They are led by Weiwen Long, Ph.D., associate professor in the department.

"ERK3, the gene of my interest, happens to be important for the normal physiology of lungs," Long said. "It is overexpressed in lung cancer, particularly squamous cell lung carcinoma."

Long is motivated to study the gene, in part, because he has lost several close friends and relatives to lung cancer. But learning more about the gene's role also will reveal more about the healthy

function of lungs in general.

To study the role that ERK3 plays in lung cancer progression and metastasis, Dr. Long and researchers in his lab are using a combination of techniques. He is assisted by postdoctoral fellows and students at Wright State University.

The scientists use a combination of biochemical techniques, including mass spectrometry to study proteins involved in the spread of lung cancer. They are using lung cancer cell-based assays to evaluate cell growth and migration. The team also is using gene targeting and immunohistological analysis of ERK3's expression in tumor specimens.

"These techniques allow us to reveal the roles of ERK3 in cancer cell growth and invasion in vitro and tumor growth and metastasis in vivo, as well as the underlying molecular mechanisms," Long said.

So far, the scientists have found that ERK3 plays a very important role in the spread of lung cancer. The gene also appears to lend the disease more strength against drugs that are used to treat lung cancer.

"We have found that ERK3 promotes lung cancer cell invasiveness and tumor growth and metastasis in vivo," Long said. "In addition, ERK3 is found to confer lung cancer's cellular resistance to chemotherapeutic drugs, such as etoposide."

In future work, Dr. Long and his team will work to illuminate the molecular mechanisms underlying ERK3's protein kinase activation and the roles it plays in furthering lung cancer cell growth and invasiveness. Significantly, they will attempt to assess how these contribute to the progression of lung cancer.

"The road to success in science is never



a straight line. We have had some issues along the way. Despite these difficulties, our project has been going well overall," Long said. "Our long-term goal is to define the role of ERK3 as a new diagnostic marker or therapeutic drug target."

Funding for the research has been

*The scientists have found that ERK3 plays a very important role in the spread of lung cancer. The gene also appears to lend the disease more strength against drugs that are used to treat lung cancer.*

provided by a National Cancer Institute R01 grant and the Wright State University startup fund.

— Daniel Kelly



# In Residence

## Kara Dickey, D.O., pediatric resident, spends off-hours as a competitive cyclist

When she's not treating patients as a third-year pediatric resident at the Boonshoft School of Medicine, Kara Dickey, D.O., is tearing up the trails on her bike. For the last few years, Dr. Dickey has competed in professional cycling events and even a few triathlons.

Dr. Dickey grew up in Bowling Green, Ohio, before attending the University of Dayton for undergraduate education. She was active in the Air Force Reserve Officer Training Corps. It was there that she was introduced to the option to attend medical school through the military's Health Professions Scholarship Program. Dickey attended medical school at Rocky Vista University in Parker, Colorado.

The scholarship made sense, as Dr. Dickey wanted a career in the Air Force. The biggest call, however, was children. She loved working with children even before deciding to attend medical school.

"Kids are incredibly resilient when they're sick and I really enjoy interacting with them on a daily basis, from newborns to adolescents. I also love that, as a pediatrician, you're able to encourage healthy lifestyle habits which will serve them well as adults," Dickey said. "I enjoy building rapport and relationships with families, from sick visits to well visits, as their children grow."

But stress comes with any job, and Dr. Dickey has found that cycling helps her keep up with the demands of residency. There are many lessons that she's learned, from persevering through hard times to the value of preparation.

She got involved with cycling during her first year of residency while she was training for her first triathlon. But she got her first bike while she was in medical school. Dr. Dickey loved going for bike rides around the city of Denver.

"I first started cycling in medical school because it was a great workout and I was able to relax and relieve stress. I have continued cycling for those reasons and because I enjoy spending time with friends while doing something I love," Dickey said. "Every day of cycling is different, and I enjoy the constant physical and mental challenge it provides."

Dr. Dickey is a member of Five Seasons Sports Club in Dayton. She is very active with the cycling club Team Logik. She enjoys cycling with her fiancé, his family, as well as other friends from residency.

In 2017, she completed her first triathlon. She qualified for, and competed in, USA Triathlon's Age Group National Championships in Cleveland. That same year, Dickey also completed her first half Ironman in



Kara Dickey, D.O.

Delaware. This year, she trained for and completed Ironman Mont-Tremblant in Canada. She also plans to compete in a few cyclocross races in the future, and will compete in more cycling races next year.

"Cycling, as well as training for long-distance triathlons has taught me a lot about perseverance, mental toughness, managing adversity, and being comfortable with being uncomfortable," Dickey said. "When you're halfway through a 100-mile bike ride and you're not feeling the best, it can feel overwhelming. Completing long rides is similar to taking on other tasks that feel overwhelming, like studying for the Pediatrics Board Exam. Take a couple deep breaths, stay calm, break it down into small tasks and just keep pedaling."

After completing residency, Dr. Dickey hopes to serve as a military chief resident for a year. She will then continue her service with the U.S. Air Force, working as an outpatient pediatrician.

— Daniel Kelly



# On the Move

Joanna Anderson, MLIS



## **Joanna Anderson named librarian at Boonshoft School of Medicine**

Joanna Anderson, MLIS, has joined the Wright State University Boonshoft School of Medicine as its new reference and instruction librarian. She comes to the medical school after serving as distance education librarian at East Tennessee State University, where she supported many of the students pursuing Ph.D. and Doctor of Nursing Practice degrees.

Anderson was attracted to the position due to the Boonshoft School of Medicine's curriculum, as well as the requirement that all students complete research projects before graduating. She also appreciates the teaching style that allows students to help one another learn, with guidance from professors.

Anderson's experience and interests align perfectly in her new position. She is enthusiastic about helping students, faculty, and staff, and has a great deal of experience with evidence-based practice research and systematic reviews.

## **Marietta Orlowski, Ph.D., named chair of Department of Population and Public Health Sciences**

Marietta Orlowski, Ph.D., has been named chair of the Department of Population and Public Health Sciences, effective July 1. Her research involves health behavior measurement and risk reduction in children and adolescents.

Marietta Orlowski, Ph.D.



Orlowski has collaborated with local school districts on federally funded projects to improve school-based nutrition, and has presented research on tobacco prevention to the Centers for Disease Control and Prevention. She also has been recognized for distinguished service in health education by the Ohio Public Health Association.

Prior to coming to Wright State, Orlowski was director of health education for Middletown Regional Hospital and implemented community-based risk reduction programs throughout Southwest Ohio. Orlowski completed her doctorate in health promotion and education, with a specialty in health care administration, at The Ohio State University. She has an M.A. from

Morehead State University and a B.S. from the University of Cincinnati. She is a member of the American Public Health Association and the Society for Public Health Education and serves as a board member of the National Commission for Health Education Credentialing.

## **Marcus Washington, M.D., '99, new faculty in Department of Family Medicine**

Dr. Marcus Washington, '99, has joined the Department of Family Medicine at the Boonshoft School of Medicine. Washington serves as an assistant professor, and also sees patients at Wright State Physicians Health Center.

After earning his medical degree from Wright State University, Washington completed a residency in family medicine at Indiana University Methodist Hospital. He was the second African-American chief resident in the program's history. He has worked in Indiana, North Carolina,

Marcus Washington, M.D.



and Ohio. Washington also served as a clinical assistant professor of family medicine at Wright State.

Dr. Washington is board-certified in family medicine. His specialties include wound care and hyperbaric oxygen therapy. He is a member of the American Academy of Family Physicians, National Medical Association, and Cincinnati Medical Association.

## Congolese mothers name children after medical school alumni



While on a medical service trip to the Congo, three Wright State University Boonshoft School of Medicine students helped a mother deliver twin boys. Because of their help, the mother honored two of the students by naming the baby boys after them.

All three of the students graduated in 2019 and have begun residency. Erica Seabold, M.D., is a family medicine resident at the University of Kansas School of Medicine. Francis Speranza, M.D., is a general surgery resident at the Boonshoft School of Medicine. And Tyrel Fisher, M.D., is an emergency medicine resident at the University of Arizona College of Medicine at Tucson.

All three felt led to help people in the

Congo. Dr. Seabold was there for two months, while Drs. Fisher and Speranza were there for one. They each learned how to practice medicine in a developing country, and all that entails. The medicines available for treating patients are different and machines and other common

tools in the U.S. simply aren't available there.

"I went from treating blood pressure and diabetes to malaria and tuberculosis. This required quick learning on the job of how these things present and how to treat them. I also had to communicate primarily with an interpreter and, when he wasn't there, with what little Lingala and French I knew," Seabold said. "This was also the truest sub-internship I had experienced at that point in medical school. I had true responsibility for my patients, writing orders, making decisions, all under the oversight of my attending physician. It stretched me and grew me and prepared me for residency."

Dr. Speranza felt the same sense of challenge, and he loved every minute. He calls working at Pioneer Christian Hospital the single best experience he had in medical school. The hospital is located in Impfondo, in the northern part of the Congo, and has 60 beds. Speranza learned a lot as a student clinician and grew personally through the experience.

"We were given quite a bit of autonomy with appropriate oversight. It was the first time I had to be OK with seeing the consequences of my actions with patients," Speranza said. "I learned a lot about tropical medicine and saw diseases there that I will probably never see in the U.S. Treating cerebral malaria and tetanus became commonplace. We all grew a lot as clinicians during those weeks."

Dr. Fisher learned how to manage several patients simultaneously. He experienced working at the understaffed hospital, which meant he and the others essentially worked as senior residents. They ran the hospital and checked out patients under supervision from the head doctor, Joseph Harvey, M.D., medical director.

"It was not all roses. I think we had seven or eight kids die during my month there. Luckily, my experiences as a paramedic and running cardiac arrests came in very helpful," Fisher said. "There was a time when I told the others I didn't think I could mentally handle getting out of bed to go assist the staff with another dying child, as we had a run of days with children dying every night."

There were children who passed away from tetanus, malnutrition, and AIDS. Several died from malaria, and a few died from hypoglycemia because the country ran out of glucose. The physicians commonly treated trauma wounds and sexually transmitted infections.

# In Memoriam

There were incredible challenges with ensuring safe childbirth in the Congo. All three, including an attending physician, worked through the conditions to deliver the twins. After Dr. Seabold completed an ultrasound, she discovered that there were two babies in the womb lying sideways. As they couldn't come out in that position and the mother was already in labor, the family and attending physician decided to do a c-section.

"We were alternating cases, so it happened to be my turn to do the c-section with Dr. Harvey. I acted as the primary surgeon while Dr. Harvey was my first assistant and talked me through the entire procedure and assisted me throughout the most critical and difficult steps," Seabold said. "Dr. Tyrel and Dr. Frank assisted with anesthesia and as a scrub, passing the instruments and assisting with suturing, respectively."

The scrub is in charge of keeping all of the instruments in order, gowning and gloving the rest of the surgical team, and handing instruments to the surgeon. Speranza had never served in that role before and it helped him have a respect for those who work as surgical scrubs in day-to-day life. He found that it takes a lot of focus on what is happening and preparing for what the surgeon will need next. He also helped Seabold close the mother's abdomen and skin.

The team was happy to deliver two healthy twin boys. The following day, they checked on the mother and the babies and the head nurse suggested that the boys be named after Tyrel and Frank. The mother was happy to do it.

"Prior to Frank and I arriving, Erica assisted in delivering a set of triplets, and she had one of them named after her," Fisher said. "So all three of us left the Congo with a baby named after us."

— Daniel Kelly



**Richard Garrison, M.D., FACEP**, passed away on Tuesday, July 30, 2019. Dr. Garrison served for decades as an associate professor of aerospace medicine and was a clinical professor of emergency medicine at the Wright State University Boonshoft School of Medicine. Garrison also was a leader of medical staff at various local hospitals, where he served on several committees and boards of trustees.

Garrison attended Wright State University for three of his four degrees. In 1976, he earned a Bachelor of Science in Biological Sciences, followed by a Master of Science in Microbiology and Immunology. Garrison completed his M.D. degree at the Medical College of Ohio at Toledo and then returned to Wright State to complete his residency in emergency medicine. Dr. Garrison also earned a Master of Science in Aerospace Medicine from Wright State in 1991.

In addition to Garrison's numerous medical licensures, he was a certified flight instructor and a commercial pilot of airplanes and gliders. Garrison flew single and multi-engine aircraft. He also served as a senior aviation medical examiner for the Federal Aviation Administration.

Garrison was a fellow of the American College of Emergency Physicians' Air Medical Transport Section; an associate fellow of the Aerospace Medical Association; and a member of the American Medical Association. He was a member of the British Association for Accident and Emergency Medicine, as well as a member of the Undersea and Hyperbaric Medicine Society. Locally, Garrison was a member of the Ohio State Medical Association and the Montgomery County Medical Society.

Dr. Garrison is survived by fiancé Elizabeth Riley; sons, Graham Garrison (Emily) and Alexander Garrison; sisters Carol Kern (Norman) and Jane Garrison; brother Jim Garrison (Lesli); niece, Kathryn Garrison; nephew, Matthew Garrison (Rachel); great-nieces Callie and Emma Garrison; nephew, Brian Kern; great-nephew, Liam Kern; and the mother of his sons, Eleni Prieto.

With his two sons, Dr. Garrison shared his passions for travel, skiing, and aviation. He also enjoyed scuba diving and running.



# In Memoriam

## The medical school mourns the passing of Sean Bush, class of 2021,

who passed away on June 14, 2019, after he was hit by a car while riding his bike. He was 24 years old and was from Strongsville, Ohio. Bush was starting his third year at the Boonshoft School of Medicine.

Bush was born August 8, 1994. He was a 2009 graduate of Incarnate Word Academy and a 2013 graduate of St. Ignatius High School. From early on, Bush had a passion for medicine. While in high school, he shadowed surgeons and physicians. He channeled his love for helping others into the field of medicine, and had a special interest in neurology. His bachelor's degree was in neuroscience from Kenyon College.

While attending Kenyon, he was dedicated to research, even discovering a new microbial species. Bush worked on campus in technology, helped set up a supercomputer, and started a robotics club at a nearby elementary school.

He was well-rounded. As a first-year student, he was a representative for the Boonshoft School of Medicine American Association of Neurological Surgeons (AANS) chapter, even making cookies for their events. He was involved in Buddy Up Tennis, and was certified as a Mental Health First Aider and learned to administer NARCAN. He was an avid cyclist, logging nearly 7,000 miles in 2019. Always willing to lend a hand, Bush donated time to prepare used laptops to be taken to El Salvador for students. He was a published photographer and a viola player. In addition, he spent much of his time volunteering at homeless shelters.

Teresa Rickey, admissions coordinator with student affairs in the Boonshoft School of Medicine, said of Bush, "I remember him from orientation being super nice and always with a huge smile on his face." Friend Daniella Caudle said, "Sean found value not in material things but in memories, and making others happy." A classmate added, "Sean made it easy to be miles away from home."

A memorial was held for Bush on campus in July. A scholarship has been set up in his name. To learn more about the scholarship, or to donate, go to <http://www.wright.edu/give/sbushfund> or contact Angela Clements, assistant vice president for advancement, at [angela.clements@wright.edu](mailto:angela.clements@wright.edu) or 937.245.7627.



*"Sean made it  
easy to be  
miles away  
from home."*

# In Good Company



## Jordan Brunswick, M.D., '15, finds rewarding work in rural emergency rooms

Jordan Brunswick, M.D., '15, was fortunate to be the first medical student at the Wright State University Boonshoft School of Medicine to complete family medicine and pediatrics rotations as part of the school's expanding rural health efforts in Celina and St. Marys, Ohio. Since he grew up near north-west Ohio, the rotations were an ideal fit.

"I'd always hoped to be able to return home and be able to help the people in the community in which I was raised. Having grown up in a tight-knit farming community, I feel as though I can better relate to patients found in rural areas," Brunswick said. "I have always viewed it as a way to pay it forward and show my gratitude to the people in the community who helped influence me along my path to becoming a physician."

After graduation, Brunswick went on to complete a residency in emergency medicine at the University of Kentucky. He moved back to southwestern Ohio after he finished, and works in the area's rural emergency rooms. Dr. Brunswick rotates at Joint Township District Memorial Hospital in St. Marys, Ohio. He also works in the suburban emergency room locations of Miami Valley Hospital.

He commonly sees differences in injuries between urban patients and those living in rural areas. Those from rural regions are more likely to get injured while they're working outside, commonly on farms. "There are more agricultural and wilderness-related injuries," Brunswick said.

Working in rural areas, Brunswick feels he gets to treat

patients more directly. Since the hospitals are smaller, he is often the first doctor to see them. It is like being on the front lines.

"I truly believe that I have the best job in the world. I see a wide variety of patients and illnesses across all demographics, any time of day and any given day of the week. I have seen patients having the worst days of their lives and others the best, oftentimes within the same shift," Brunswick said. "I know that the care I am able to provide truly makes a difference in the lives of others. The impact that my training in this career has enabled me to have in aiding the lives of others is fantastically rewarding."

Dr. Brunswick has learned many lessons working in rural emergency rooms. He has seen firsthand the importance of being flexible, as rural hospitals sometimes don't have the same resources as larger, more urban ones. This flexibility has taught him that emergency medicine doctors should not take things for granted.

"Rural areas have a great deal to offer as a unique educational and practical experience that wouldn't normally be considered by some students. The practice of an emergency physician in a rural hospital can be significantly different than that of one in an urban setting," Brunswick said. "I believe this is a tremendous opportunity for the

Boonshoft School of Medicine and its medical students who may be interested in emergency medicine."

— Daniel Kelly



Jordan Brunswick, M.D.



# In Good Company

## Patricia Abboud, M.D., '00, provides pediatric care in Qatar

After graduating from the Wright State University School of Medicine in 2000, Patricia Abboud, M.D., worked as an attending physician at Dayton Children's Hospital. She loved the work in Ohio, but it wasn't long before she and her husband began looking for opportunities to work closer to the Middle East.

Abboud and her family are Lebanese. They considered moving to Lebanon and other parts of the Persian Gulf, but Abboud couldn't find a place where she felt she could fully leverage the training she received as a Fellow at Cincinnati Children's Hospital Medical Center, or as an attending physician at Dayton Children's Hospital. That is, until she discovered Sidra Medicine in Doha, Qatar.

In 2018, the country opened a brand new, state-of-the-art women and children's hospital. The undertaking would be modeled after the U.S. system, with Americans as well as others from Australia, Canada, New Zealand, and the United Kingdom at the leadership level.

"It was an excellent opportunity to be a part of something bigger and a once-in-a-lifetime experience to open a new hospital and work with people from over 100 different countries," Abboud said. "I also had the opportunity to take on new leadership roles and share my expertise."

In her work there, Dr. Abboud works primarily as a pediatric intensivist. She works as a clinician in Pediatric Intensive Care to care for the sickest children who come to the hospital. These are commonly children, for example, who have just left surgery, have respiratory failure, serious infections, or bleeding problems, or have cancer, among other ailments.

She has administrative duties that include helping to develop a pediatric critical care transport program for Sidra Medicine

throughout the rest of Qatar. Dr. Abboud also has a faculty appointment with Weill Cornell Medicine-Qatar, and teaches residents, medical students, nurses, and therapists.

The hospital is trying to obtain Joint Commission International Accreditation (JCI), which works to improve patient safety and quality of health care in the international community by offering education, publications, advisory services, and international accreditation and certification. Abboud is responsible for a large section involving direct patient care. It entails overseeing the development of over 30 policies, procedures, and guidelines.

And though it may sound like the effort is just getting off the ground, Dr. Abboud has found that the medical care provided in Qatar is on the same level of that offered in the United States.

"The country of Qatar can afford the best and it brought all the talent to its country. There are world leaders in pediatric cardiac and general surgery, subspecialists who are primarily western-trained with the latest technology available at our fingertips," Abboud said. "The mission of the hospital is to be the beacon of learning and the region's leader in pediatric and women's care."

Still, there are differences between working in Qatar and working in the United States. For example, as everything is imported into Qatar, it is easy for there to be drug shortages. Most of the medications come into Qatar from different countries, and drug concentrations can be different. Because of this, Dr. Abboud and others working at Sidra Medicine have to be extra vigilant when mixing medications.

The patient population presents its own mix of challenges, as the majority of Qatar's population is made up of expatriates. There are many different nationalities, which contributes to varying disease processes and presentations. Dr. Abboud enjoys the challenges and complexity this

offers. Her practice is similar to how it was in the United States, but much busier.

There are cultural differences that influence care, and a different belief system when it comes to the roles of medicine and spirituality.



Patricia Abboud with her family.

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# Alumni Notes

We're proud of our alumni and graduates of our residency programs and want to spread the word about your achievements. If you have professional news or personal updates to share — or simply want to stay in touch — please contact the Office of Advancement at [som\\_adv@wright.edu](mailto:som_adv@wright.edu) or 937.245.7634.

## 1984

**Joanne Martin Guttman, M.D.**, a family medicine doctor, is currently working for Margaret-Mary Health System in Batesville, Indiana. Dr. Guttman is also coordinator of Community Free Clinic in Connersville, Indiana.

*the Thumper*, with his wife Jeana. He has two children, Jewelian and Christian.

## 1992

**Cheryl Kuck, M.D.**, pediatric physician, is a hospitalist and palliative care specialist with Dayton Children's Hospital in Dayton, Ohio.

## 1987

**\*Timothy Brooks, M.D.**, was recognized for 30 years of certification by the American Board of Emergency Medicine. Dr. Brooks is an emergency medicine physician and chair of Emergency Medicine at Saratoga Hospital Medical Group in Saratoga Springs, New York.

## 1994

**\*Daniel Turner, M.D.**, is chief of Pediatric Cardiology at Michigan's Beaumont Children's Hospital. In this new role, Dr. Turner will treat pediatric cardiology patients as well as expand the continuum of care for adult cardiology patients with congenital heart disease. He's been recognized as a Top Doctor in *Hour Detroit Magazine*, *Best Doctors in America*, and *U.S. News & World Report*. Dr. Turner will soon be appointed to the senior faculty at Oakland University William Beaumont School of Medicine in Michigan.

## 1988

**Elliot Fegelman, M.D.**, surgeon, has been appointed vice president of Medical Affairs with Kaleidoscope Innovation.

## 1989

**Joseph Stewart, M.D.**, gynecologist, is launching a robotics program focused on gynecologic care for women with Poinciana Medical Center in Florida.

**M. Christopher Griffith, M.D.**, psychiatrist, is continuing to manage his own child, adolescent, and adult psychiatry and obesity medicine practice at Kiser Permanente of Georgia. He has co-authored a children's book, *The Tale of Two Athletes: The Story of Jumper and*

## 1998

**\*Michael Galloway, M.D.**, is chair of Texas Tech University Health Science Center's Department of Obstetrics and Gynecology. An OB/GYN physician, he was a residency program director at Boonshoft School of Medicine from 2011 to 2018 and deployed many innovations utilizing cutting-edge simulations in robotics gynecology.

**Tim A. Moore, M.D.**, orthopaedic

surgery physician, has joined Fisher-Titus Spine Surgery as an orthopaedic surgeon. Moore also practices at MetroHealth Spine Center in Cleveland, Ohio.

## 2000

**Lee Ann Merchen, M.D.**, has been named assistant dean at the Medical College of Georgia. Dr. Merchen is an internal medicine physician.

## 2004

**Andrew Khavari, M.D.**, psychiatrist, is currently with Dayton Children's Hospital in Dayton, Ohio. He is married to Sarah Khavari, M.D., '05. They have two children, Ian and Mariam.

## 2008

**Shawn Sidhu, M.D.**, spoke on radio station KSFR in Santa Fe, New Mexico, on sibling bullying, the roots of it, and ways it can be prevented. Dr. Sidhu's specialty is psychiatry and he currently lives in Albuquerque, New Mexico.

## 2009

**Scott Oosting, M.D.**, internal medicine physician, is currently employed with Hendricks Regional Health in Indianapolis, Indiana. He is married to Laura and has two children, Liam and Olivia.

## 2011

**Heather Veeder, M.D.**, a family medicine doctor, has been promoted to regional medical director of VITAS® Healthcare. Dr. Veeder will oversee VITAS locations in Illinois, Kansas, Missouri and Texas.

## 2012

**Terry Carman II, M.D.**, has joined Mercy Health Physicians. "I enjoy helping my patients get back to living

*continued on p. 30*



# Fond Farewell



Dr. Norma Adragna-Lauf shown here at her retirement reception in June with her family (left) and with Boonshoft School of Medicine Dean Margaret Dunn (below).

## Passionate about science and student success

Dr. Norma Adragna-Lauf retired in June 2019 after 34 years of service to the Boonshoft School of Medicine. Dr. Adragna-Lauf was dedicated to students and student success as a professor in the Department of Pharmacology and Toxicology.

A native of Argentina, she received her Ph.D. in biochemistry from the National University of Cordoba. She came to Wright State University in 1985 and was promoted to professor in 2001. She served as interim chair of pharmacology and toxicology from 2013-2015.

Her passion was science, specifically the regulation of ionic and water transport across membranes. During her career, she was a member of several scientific societies, including the American Association for the Advancement of Science, the American Physiological Society and the Red Cell Club. She received more than 40 funded proposals and grants; had over 250 lectures and presentations; and was featured in more than 80 publications. She was extremely dedicated to students, mentoring over 120 high school, undergraduate, graduate, Ph.D. and postdoctoral students.



— Lisa Coffey

## Alumni Notes, from p. 29

their lives without pain or discomfort,” said Dr. Carman. He is a surgeon and a pilot who enjoys recreational flying. Carman practices in Springfield and Urbana, Ohio.

### 2013

**Michelle Keeley, M.D.**, an OB/GYN physician in Michigan, has joined the medical staff at McLaren Flint.

### 2015

**Betty Cheney, M.D.**, is a pediatrician with Pediatrics in Brevard, Melbourne, Florida.

### 2017

**Alison Bales, M.D.**, was inducted into the Ohio Basketball Hall of Fame. Alison averaged 18 points and 9 rebounds her senior year at Beavercreek High School in Ohio. She played college basketball for Duke University, scoring over 1,000 points and blocking 434 shots. She was drafted 9th overall in 2007 to the WNBA's Indiana Fever. Dr. Bales is currently in her third year of a general surgery residency at Indiana University School of Medicine.

### 2019

**\*Michelle R. Sieffert, M.D.**, surgeon, has joined Donaldson Plastic Surgery & Aesthetic Solutions in Dublin, Ohio. Dr. Sieffert is highly regarded in the field of cosmetic and reconstructive surgery. She strongly believes in the power of education to help people make the best decisions about their surgical and cosmetic care.

*\*Residency Graduate*

### *In Good Company, from p. 28*

"There is a stronger belief in God's intervention than I am used to in the USA. This is both helpful and, at times, disruptive. Parents may refuse a certain therapy for an unlikely risk and prefer to wait for spiritual intervention," Abboud said. "Other times, when our science only gives us so many options, we too as physicians put our faith in God's interventions."

Another element to practicing medicine in Qatar is the languages that are spoken. English is used commonly on rounds, with other practitioners and with family, but there are patients who greatly prefer to converse in Arabic. Since Dr. Abboud is fluent, she gladly obliges to make them feel more comfortable.

"This is where my Arabic is the most helpful as I don't need interpreters and the patients feel comfortable speaking directly with me," Abboud said. "I am 100 percent Lebanese by birth. Although born and raised in Cleveland, Ohio, as a child growing up, my parents insisted we learn the language as it is who we are. My husband is also Lebanese and speaks Arabic."

As Qatar is a Muslim country, the laws of Islam are practiced and enforced. But the country is very accepting of other faiths because of its large expatriate population. There are churches in the country of various denominations, and women who aren't Muslim aren't required to wear head covers.

Alcohol is permitted only in certain public areas, such as hotels, but people can purchase alcohol and consume it at home. Abboud notes that the expatriates that make up much of Qatar's population tend to earn more money compared to

working in their home countries. In part because of the high per capita income, as well as harsh penalties for breaking the law, there is less crime in Qatar.

"I think stereotypes and the media may give most Americans a skewed view of what life is like in this part of the world, which is unfortunate," Abboud said. "I feel my family is living a better and more holistic life than they did in the USA."

She and her family live in an area of Doha called The Pearl, which is a manmade island in the middle of the Persian Gulf. All of the modern amenities her family could want are available in their neighborhood. Coffee shops, restaurants, upscale shopping, and public beaches are all within walking distance. They can go boating, kayaking, or even rent a yacht for the day. If it is too hot to walk, there is a private driver that will transport them, for free, wherever they want to go.

"It has been an adventure. We have the luxuries of home and then some, and parts of our culture with the food, language, arts, and friends. We are living a privileged life. I am making friends from all over the world and growing more culturally. I feel I am making a difference in the health care of children in this region," Abboud said. She credits Qatar's queen (Her Highness Sheikha Moza bint Nasser) for having the vision to build Sidra Medicine to provide better care for the region's children. "The Middle East and Arabian Gulf need to have better access to health care like we do in the West. We take it for granted in the USA."

— Daniel Kelly

## Save the Date...

### **Dermatology Alumni Reception**

Denver, Colorado  
March 20-24, 2020

### **Match Day**

Dayton, Ohio  
March 20, 2020

### **April**

#### **Psychiatry Alumni Reception**

Philadelphia, Pennsylvania  
April 25-29, 2020

### **May**

#### **Graduation**

Dayton, Ohio  
May 17, 2020

### **March**

#### **W.E.L.L. Weekend 2020**

Napa Valley, California  
March 5-8, 2020

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